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JAN 19 2007

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

pierce home health

January 9, 2007

Janis R Sigman, Manager
Certificate of Need Program
Office of Certification and Enforcement
PO Box 47852
Olympia, WA 98504-7852

Dear Ms. Sigman:

In conformance with the requirements of WAC 246-310-080, Pierce Home Health, LLC is submitting the following as an expression of intent to file an application for a Certificate of Need. This Certificate of Need is to establish a Medicare/Medicaid certified home health agency operating in the primary service area of *Pierce County*.

We foresee offering the full-range of services that normally accompany similar agencies. Specifically, we would offer the following:


Skilled Nursing	Home Health Aide
Physical therapy	Social Work
Occupational Therapy	Speech Therapy

Projected costs are expected to fall within \$25,000.00 to \$30,000.00. More definitive cost projections will be provided with our application. Due to space already available to us, we do not anticipate excessive capital costs.

Sincerely,

Pierce Home Health, LLC
13424 173 St E
Puyallup, WA 98374
253-200-1053


Sue Kissler, LPN


Jeff Waguespack, MPT


Trevor Pettingill, MPT